FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
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Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6/02)

								
	1.6 (1.6.1)	A. BASIC IDENTI	IFICAT	ION DATA				
2. Enter the information requests		=		~				
Each promotor of the issu		-	-	•			_	
 Each beneficial owner havissuer; 	ving the power to v	ote or dispose, or direct	the vot	e or disposition of, 10	% or n	ore of a clas	ss of ec	quity securities of the
Each executive officer and	_	-	rate gen	eral and managing pa	rtners	of partnershi	ip issue	ers; and
Each general and managir	ng partner of partne	ership issuers.						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)		· 					
Weigel, H. Monty								
Business or Residence Address 8612 Rosemont Drive,	(Number and S Pensacola, 1	Street, City, State, Zip Co FL 32514	ode)					
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if in	ndividual)							
Orkin, Brian S.	1000年							
Business or Residence Address	(Number a)	nd Street, City, State. Z	Zip Cod	e)				
515 Meadow Ridge Cou	rt. Tallahas	see. Florida 3231	2					
Check Box(es) that Apply:		⊠ Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	lividual)		 -					
Hughes, Charles E. Jr. Business or Residence Address	(Number and 5	Street, City, State, Zip Co	ode)			<u></u>		···
3581 Silvery Lane, Jack	conville FI.	32217						
Check Box(es) that Apply:		Beneficial Owner		Executive Officer		Director		General and/or
			·		_			Managing Partner
Full Name (Last name first, if it	ndividual)							
Krusen, W. Andrew Jr				196 7 [47]				
Business or Residence Address		Street, City, State, Zin	Code)					
712 S. Oregon Ave., Sui	te 200. Tamn	a. FL 33606	ai r	n di tangga Milanda. Kabupatèn Kabupatèn				
		Beneficial Owner				Discortos		
				Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if ind	ividual)			Executive Officer		Director		
Full Name (Last name first, if ind Jones, J. Malcolm Jr.	lividual)			Executive Officer		Director		
		Street, City, State, Zip Co	ode)	Executive Officer		Director		
Jones, J. Malcolm Jr.	(Number and S	Street, City, State, Zip Co	ode)	Executive Officer		Director		
Jones, J. Malcolm Jr. Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)	Executive Officer Executive Officer		Director		
Jones, J. Malcolm Jr. Business or Residence Address 3625 Hendrick Avenue,	(Number and S Jackson, FL Promoter	Street, Citv. State, Zip Co 32207	ode)					Managing Partner General and/or
Jones, J. Malcolm Jr. Business or Residence Address 3625 Hendrick Avenue, Check Box(es) that Apply:	(Number and S Jackson, FL Promoter	Street, Citv. State, Zip Co 32207	ode)					Managing Partner General and/or
Jones, J. Malcolm Jr. Business or Residence Address 3625 Hendrick Avenue, Check Box(es) that Apply:	(Number and S Jackson, FL Promoter [ividual)	Street, Citv. State, Zip Co 32207						Managing Partner General and/or
Jones, J. Malcolm Jr. Business or Residence Address 3625 Hendrick Avenue, Check Box(es) that Apply: Full Name (Last name first, if ind Biddinger, Clay	(Number and S Jackson, FL Promoter [ividual) (Number and S	Street, City, State, Zip Co 32207 Beneficial Owner Street, City, State, Zip Co						Managing Partner General and/or
Jones, J. Malcolm Jr. Business or Residence Address 3625 Hendrick Avenue, Check Box(es) that Apply: Full Name (Last name first, if ind Biddinger, Clay Business or Residence Address	(Number and S Jackson, FL Promoter [Number and S Safety Harbo	Street, City, State, Zip Co 32207 Beneficial Owner Street, City, State, Zip Co						Managing Partner General and/or
Jones, J. Malcolm Jr. Business or Residence Address 3625 Hendrick Avenue, Check Box(es) that Apply: Full Name (Last name first, if ind Biddinger, Clay Business or Residence Address 311 N. Bayshore Drive,	(Number and S Jackson, FL Promoter (Number and S Safety Harbo Promoter	Street, City, State, Zip Co 32207 Beneficial Owner Street, City, State, Zip Co or, FL 34695		Executive Officer		Director		Managing Partner General and/or Managing Partner General and/or
Jones, J. Malcolm Jr. Business or Residence Address 3625 Hendrick Avenue, Check Box(es) that Apply: Full Name (Last name first, if ind Biddinger, Clay Business or Residence Address 311 N. Bayshore Drive, Check Box(es) that Apply:	(Number and S Jackson, FL Promoter (Number and S Safety Harbo Promoter	Street, City, State, Zip Co 32207 Beneficial Owner Street, City, State, Zip Co or, FL 34695		Executive Officer		Director		Managing Partner General and/or Managing Partner General and/or
Jones, J. Malcolm Jr. Business or Residence Address 3625 Hendrick Avenue, Check Box(es) that Apply: Full Name (Last name first, if ind Biddinger, Clay Business or Residence Address 311 N. Bayshore Drive, Check Box(es) that Apply:	(Number and S Jackson, FL Promoter (Number and S Safety Harbo Promoter	Street, City, State, Zip Co 32207 Beneficial Owner Street, City, State, Zip Co or, FL 34695	ode)	Executive Officer		Director		Managing Partner General and/or Managing Partner General and/or
Jones, J. Malcolm Jr. Business or Residence Address 3625 Hendrick Avenue, Check Box(es) that Apply: Full Name (Last name first, if ind Biddinger, Clay Business or Residence Address 311 N. Bayshore Drive, Check Box(es) that Apply: Full Name (Last name first, if ind Dostie, Richard R.	(Number and S Jackson, FL Promoter (Number and S Safety Harbo Promoter (Number and S (Number and S	Street, Citv. State, Zip Co 32207 Beneficial Owner Street, Citv. State, Zip Co or, FL 34695 Beneficial Owner	ode)	Executive Officer		Director		Managing Partner General and/or Managing Partner General and/or

	B. INFORMATION ABOUT OFFERING				
		Yes	No		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?					
Answer also in Appendix, Column 2, if filing under ULOE.					
What is the minimum investment that will be accepted from any individual? Does the offering permit joint ownership of a single unit?					
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or					
similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is					
	n associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the roker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the				
	nformation for that broker or dealer only.				
Full 1	ime (Last Name first-if individual)				
	N/A				
Desir					
Busii	ss or Residence Address (Number and Street, City, State, Zip Code)				
Nam	of Associated Broker or Dealer				
State	n Which Person Listed Has Solicited or Intends to Solicit Purchasers				
			States		
,	,	[ID]			
_		[MO]			
-		[PA]			
-		[PR]			
-	ame (Last Name first if individual)				
FIIII					
	N/A				
Busin	ss or Residence Address (Number and Street, Citv. State, Zip Code)				
Name	of Associated Broker or Dealer				
	2. 1500014100 2.000. 01 2.04.01				
	n Which Person Listed Has Solicited or Intends to Solicit Purchasers		a		
	neck "All States" or check individual States)		States		
•	L] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]			
_		[MO] [PA]			
_		[PR]			
	ame (Last Name first if individual)	[,]			
	N/A				
Busin	ss or Residence Address (Number and Street, City, State, Zip Code)				
Nam	of Associated Broker or Dealer				
	n Which Person Listed Has Solicited or Intends to Solicit Purchasers	A 11	C+-+		
	neck "All States" or check individual States)				
		[ID] [MO]			
-		[PA]			
_		[PR]			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E O	F PROCEEDS		
Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
Type of Security		Aggregate Offering Price	Α	mount Already Sold
Debt	\$	0	\$	0
Equity — Ordinary Stock	\$	150,000.00	\$	144,647.50
		· · · · · · · · · · · · · · · · · · ·		
Convertible Securities (including warrants)	\$_	0	\$_	0
Partnership Interests	\$_	0	\$_	0
Other (specify)	_	0		0
Total	\$_	150,000.00	\$_	144,647.50
Answer also in Appendix, Column 3, if filing under ULOE.	_	_		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors	l	Aggregate Dollar Amount of Purchases
Accredited Investors		9	\$	144,647.50
Non-accredited Investors		0	\$	0
Total (for filings under Rule 504 only)			\$	
Answer also in Appendix, Column 4, if filing under ULOE.	_			
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		Thursday	•	O-H A
Type of offering		Security	1	Dollar Amount Sold
Rule 505		-	\$	
Regulation A	-		\$	
	_		\$	
			\$	
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-		·	
Transfer Agent's Fees			\$	
Printing and Engraving Costs			\$	
		🛛	\$_	20,000.00
Accounting Fees			\$_	
-			s —	
			\$	
			s —	
		🖂	\$	20,000.00
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box	sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box

C. OFFERING PRICE, N	UMBER OF INVESTORS, EXPI	ENSES AND USI	E OF PROCEED	os —
b. Enter the difference between the aggregate Question 1 and total expenses furnished in respons "adjusted gross proceeds to the issuer."	e to Part C - Question 4.a. This d	ifference is the		_{\$} 130,000.
5. Indicate below the amount of the adjusted gross proceeds to the left of the estimate. The total gross proceeds to the issuer set forth in response to	any purpose is not known, furnish a al of the payments listed must equ	n estimate and		
			Payments to Officers, Directors, & Affiliates	Paymen Othe
Salaries and fees		🗆 \$_		_ 🗆 \$
Purchase of real estate				_ 🗆 \$
Purchase, rental or leasing and installation of m	achinery and equipment			S
Construction or leasing of plant buildings and fa				
Acquisition of other businesses (including the v that may be used in exchange for the assets or so merger)	curities of another issuer nursuant	ton		□ \$
Repayment of indebtedness				
Working capital		-		
Other (specify):			·	□ \$
				_
Column Totals				. □ <u>•</u>
Total Payments Listed (column totals added)				0,000.00
	D. FEDERAL SIGNATUR			
The issuer has duly caused this notice to be signed by signature constitutes an undertaking by the issuer to finformation furnished by the issuer to any non-accredite	urnish to the U.S. Securities and investor pursuant to paragraph (b	Exchange Commi		
Issuer (Print or Type)	Signature		Date	
Gulf Atlantic Financial Group, Inc.	/w/		Oct	ober 14, 2004
Name of Signer (Print or Type)	Title of Signer (Print or Typ			
Brian S. Orkin	Senior Vice Presider	nt		
			•	
Intentional misstatements or omission	ATTENTION as of fact constitute federal	l criminal viol	ations. (See	18 U.S.C. 1001
•		•		

E. STATE SIGNATURE		
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Var	No.
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
N/A	N/A	N/A
Name (Print or Type)	Title (Print or Type)	
N/A	N/A	